

Attorney's Docket No.: 06618-414001/CIT2945

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Steven Schkolne, et al. Art Unit: 2671
Serial No.: 09/496,137 Examiner: Phu K. Nguyen
Filed : February 1, 2000
Title : THREE DIMENSIONAL SURFACE DRAWING CONTROLLED BY HAND MOTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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AMENDMENT

In response to the Office action mailed December 24, 2003,
please amend the application as follows:

Amendments to the Claims begin on page 2 of this paper.

Remarks/Arguments begin on page 11 of this paper.

03/18/2005 DEVAHS 00000001 061050 09496137

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CERTIFICATE OF TRANSMISSION BY FACSIMILE

I hereby certify that this correspondence is being transmitted by
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below.

March 24, 2004
Date of Transmission

Signature

Walter M. Begalla
Typed or Printed Name of Person Signing Certificate

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 29, 1999

Application or Docket Number

094437

CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	3	minus 20 = 11
INDEPENDENT CLAIMS	6	minus 3 = 3
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

3/24/04

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	31	Minus 31	= -
Independent	12	Minus 6	= 6
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

10/21/04

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	31	Minus 31	=
Independent	12	Minus 12	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total		Minus	=
Independent		Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
	270
	345.00
X\$ 9=	99.00
X\$ 42=	126
+130=	
TOTAL	595

RATE	FEE
	690.00
X\$ 18=	198
X\$ 82=	284
+260=	
TOTAL	1122

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$ 9=	
X\$ 43=	258
+130=	
TOTAL	258

RATE	ADDI- TIONAL FEE
X\$ 18=	
X\$ 86=	
+260=	
TOTAL	

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	

RATE	ADDI- TIONAL FEE
X\$ 18=	
X78=	
+260=	
TOTAL	

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL	

RATE	ADDI- TIONAL FEE
X\$ 18=	
X78=	
+260=	
TOTAL	